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Vermont Academy

October 8, 2002

OCT 15 2002

Federal Communications Commission
Office of the Secretary
445 - 12th Street, SW
Washington, DC 20554



Kef: CC Docket Nos. 96-35 and 97-21
Request for Waiver of Deadline

Dear Sir or Madam,

Please accept this letter as a request for a waiver of the deadline for receipt of Form 486 for year 4, **2001** E-rate funding requests. This request is made by:

Vermont Academy
Billed Entity Number: **4685**
Form 471 Application Number: **245518**

SLD had granted Vermont Academy funding requests as follows:

FRN **593781**; FKN 593809; FKN **593830**; FRN 593867

In the funding commitment decision letter dated **July 23, 2001**, we were told that, "your Form **486** must be postmarked on or before October 28, 2001."

We appeal this action for two reasons:

1. We have signed receipts for the mailing of Form 486 on December **12, 2001**. Unfortunately, the information contained on this form mixed data for two funding years: Year **3** and Year **4**.
2. Subsequent to the filing, the contact person at this institution left this employ and follow-up mailings from SLD have gone unanswered until I became aware of the situation owing to the receipt of a cancellation notice for year **3** dated August 26, 2002.

Since uncovering the problem with the original Form **486** filing and our delinquency, and with significant assistance from SLD, I have managed to file the corrected Form **486s** with SLD for both year 3 and year 4. Even yesterday I spoke with another individual at SLD who had questions about our year 5 filing, and we are preparing to file Form **470** for year 6. In short, though it has taken us awhile to get back on track, I believe that all of our paperwork **is now** in order.

The funds represented by these four FRNs from year **4** are very important to our small school, and it is my sincere hope that the FCC **will** see fit to grant us a waiver of deadline. Please do not hesitate to contact me if you have any questions.

Sincerely,

Robert A. Barr
Campaign Director

Tel: **802-869-6261**

FAX: **802-869-6280**

Email: rbarr@vermontacademy.org

Fulfilling Our Promise

THE CAMPAIGN FOR VERMONT ACADEMY

PO Box 300, 20 Pleasant Street, Saxtons River, Vermont 05154-0300

Phone (802) 869-6200 Fax (802) 869-6280 www.vermontacademy.org

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FCC - MAILROOM

I want RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to: *MS. Smith*
SLD Form 486
40 MS. Smith 22
3833 FRAENWAY DRIVE
LAURENCE KANSAS
66046

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X

Article Number *7000 0600 0022 1719 8528*

Thank you for sending your Return Receipt Service.

7000 0600 0022 1719 8528

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: *FCC 2001 PLMR Audit*

Postage	\$ <i>.34</i>
Certified Fee	<i>2.10</i>
Return Receipt Fee (Endorsement Required)	<i>1.50</i>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <i>3.94</i>

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Name (Please Print Clearly) (to be completed by mailer)

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City, State, ZIP+4

PS Form 3800, July 1999 See Reverse for Instructions